



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>7</u> <u>22</u> <u>12</u> to <u>8</u> <u>27</u> <u>12</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>150027</u>	4. Candidate Last Name <u>Miller</u> First Name <u>John</u> M.I. <u>E</u>
2. Committee Name <u>John E. Miller for Sheriff</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Bay County Sheriff</u>
	4b. County of Residence <u>Bay</u>
5. Committee's Mailing Address <u>3064 Beaver Rd</u> <u>Bay City MI 48706</u> Area Code and Phone <u>450-7242</u>	6. Treasurer's Name & Residential Address <u>Jodie Scott</u> <u>3064 Beaver Rd, Bay City MI 48706</u> Area Code & Phone <u>(989) 450-7242</u>
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
7. Treasurer's Business Address <u>3064 Beaver Rd</u> <u>Bay City MI 48706</u> Area Code and Phone <u>(989) 450-7242</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Convention <input type="checkbox"/> School	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>8</u> <u>7</u> <u>12</u> Month Day Year	
9c. <input type="checkbox"/> Annual Statement (Coverage Year)	
9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>Jodie Scott</u> Type or Print Name	<u>Jodie Scott</u> Signature Date <u>8</u> <u>28</u> <u>12</u> Mo Day Year
Candidate <u>John E Miller</u> Type or Print Name	<u>John E Miller</u> Signature Date <u>8</u> <u>28</u> <u>12</u> Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150027
2. Committee Name John E. Miller for Sheriff

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>640.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>640.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>640.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1421.14</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6349.71</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6349.71</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>15,469.99</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>640.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>16,109.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,349.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,760.28</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150027

2. Committee Name John E. Miller for Sheriff

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/15/12</u> Name: <u>Kirk Timm</u> Address: <u>8317 Gysin Ct, Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>9/15/12</u> Name: <u>LAW Michigan V-PAC</u> Address: <u>8000 E. Jefferson, Detroit MI 48214-3963</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/16/12</u> Name: <u>P. Kochom</u> Address: <u>4620 Lewis, Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	40.00		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		640.00	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150027
2. Committee Name John E. Miller for Sheriff

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Right to Life</u> Address: <u>2340 Porter SW</u> <u>PO Box 901, G. Rapids</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>list rental</u> 5. Date Of Receipt: <u>8/3/12</u> 6. Vendor Name & Address:	121.14	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Washabaugh, Tom, Bill + Jim</u> Address: <u>232 Atholontah</u> <u>Bay City MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: <u>Self</u> Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Aerial banner</u> 5. Date Of Receipt: <u>7/5 - 7/7, 2012</u> 6. Vendor Name & Address: <u>Air America</u> <u>25228 Bradner Rd, Genua, OH</u>	1300.00	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

1421.14

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150027

2. Committee Name John E. Miller for Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Postmaster</u> Address <u>Kawkawlin Post Office</u> <u>Kawkawlin, MI 48631-2511</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23</u> <u>7/30</u>	<u>25.90</u> <u>938.40</u>
Expenditure #2 Name <u>Pineconning Journal</u> Address <u>110 E. Third St, PO Box 626</u> <u>Pineconning, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28</u>	<u>378.00</u>
Expenditure #3 Name <u>Dornbos Printing</u> Address <u>1131 E. Genesee Ave.</u> <u>Saginaw, MI 48607</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23</u> <u>7/30</u>	<u>2199.15</u> <u>238.94</u>
Expenditure #4 Name <u>Right to Life</u> Address <u>2340 Porter SW</u> <u>PO Box 901</u> <u>Grand Rapids MI 49509-0901</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>List rental</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23</u>	<u>196.07</u>
Expenditure #5 Name <u>W.A.M.</u> Address <u>5510 - 33rd SE</u> <u>Grand Rapids MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23</u>	<u>1987.41</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

5863.77

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150027
2. Committee Name John E. Miller for Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Legacy Member Services</u> Address <u>1199 S. Euclid Ave.</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reorder Checks</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23</u>	<u>15.00</u>
Expenditure #2 Name <u>Am. Legion Post 18</u> Address <u>700 Adam St.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>election night</u> Expenditure Code <u>EN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7</u>	<u>300.00</u>
Expenditure #3 Name <u>Diane Selich</u> Address <u>822 W. Huron Ave.</u> <u>Vassar, MI 48768</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies reimburse</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/11</u>	<u>54.94</u>
Expenditure #4 Name <u>Jody Scott</u> Address <u>3600 N. Euclid</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising Reimburse</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13</u>	<u>116.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

485.94
6349.71

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES